LiveFree Medical

Patient Welcome Packet

Thank you for choosing LiveFree Medical!

This guide is designed to help you understand our services and to act as a reference to our company and the services offered.

Please keep this for your records.

Call (888) 783-0605
Fax (888) 783-0606

6818 Seewee Road
Awendaw, SC 29429

www.livefreemed.com
cservice@livefreemed.com

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Patient Assignment of Benefits

Patient Authorization / Agreement of Services

Please be Advised that we must have a signed AOB on file to continue to provide further services.

Patients Rights

- You have the right to choose the provider for your home medical supplies. You also have the right to refuse service within the confines of the law and be given information concerning the consequences of refusing services.
- To receive a timely response from the Medical Supply company regarding your request for home medical supplies.
- The patient has the right to considerate and respectful service from all LiveFree Medical LLC employees.
- The patient has the right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.
- Subject to applicable law, the patient has the right to confidentiality of all information pertaining to his/her medical supply service. Individuals or organizations not involved in the patient's care may not have access to the information without the patient's written consent.
- Be given all the necessary information, in a manner you can understand, so that you will be able to give informed consent for your supply and services.
- Be involved in the ordering process, in addition to being notified of any changes in your supply services and /or treatment plan.
- The patient has the right to voice grievances without fear of termination of service or other reprisal in the service process.
- The patient has the right to purchase the supplies LiveFree Medical LLC provides and classified as Medicare's inexpensive and routinely purchased items.

Patients Responsibilities

- The patient should promptly date, sign and return the proof of delivery, patient authorization, agreement form along with the AOB with each delivery received from LiveFree Medical LLC.
- The patient should promptly notify LiveFree Medical LLC of any changes to their address, telephone, insurance plan / coverage changes.
- The patient should promptly notify Livefree Medical LLC of any changes concerning their physician and or if they are active with a Home Health Company.
- The patient should notify LiveFree Medical LLC of discontinuance of use.
- The patient should pay any copayments and outstanding in a timely manner to keep account in good standing to avoid interruption of future services.
- Follow instructions on the dressings provided by following your physician orders and or manufacturer protocols.
- Show respect to LiveFree Medical LLC staff.

Instructions

Please follow the instructions of your physician or healthcare provider when using these supplies or compression garments. Refer to the instructions on the outside packaging or inside instruction sheet of the item(s) you received. Should you have questions please contact your wound care or lymphedema therapy provider.

Complaint Protocol

If you are unhappy with our services, please contact Live Free Medical LLC at 888-783-0605. We will respond within 5 calendar days. In the event your complaint is not resolved to your satisfaction you can contact our accredited organization, The Compliance Team at www.thecomplianceteam.org or 888-291-5353. You can also contact CMS at 1-800-MEDICARE.

Our Commitment to Your Privacy

Included is our full notice of privacy practices, which are required by the Privacy Regulations Promulgated Pursuant to the Health Information Portability and Accountability Act of 1996 (HIPAA). We make every effort to keep your personal record confidential and secure.

Patient Name _____ **DOB** _____ **Patient ID** _____

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Financial Responsibility

Insurance companies typically require copayment / deductible that would be your responsibility. Certain items may not be covered under your plan. If you have any questions concerning your insurance coverage, please contact the member services department at your insurance company. As a reminder Medicare will not pay for any services provided by LiveFree Medical LLC while you are receiving Home Health Services. If you choose to accept them while you are under the care of Home Health Episode, as defined by CMS, you will be financially responsible for the cost of the items.

15 Day Return Policy

Please notify us within 15 days of receiving supplies to set up a return of any unwanted or unnecessary items. We will only accept items in their original manufacturer's packaging. LiveFree Medical LLC has the right to make the final decision on what is appropriate to return. Compression garments and special orders are non-returnable unless defective by the manufacturer.

Medicare Capped rental and Inexpensive or Routinely Purchased Item Notification for Services on or after January 1, 2006

LiveFree Medical LLC only offers a purchase option for the inexpensive and routinely purchased items we dispense. You acknowledge you are purchasing the dressings your provider orders for you through our company as these are disposable and single use.

Medicare DMEPOS Supplier Standards

The products and/or services provided to you by LiveFree Medical LLC are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

Billing and Reimbursements Review

LiveFree Medical LLC goal is to provide patients a simple and effective way to access advanced wound care dressings/ medical supplies. Our team helps determine your insurance coverage and handles all the claim filing and paperwork on your behalf. LiveFree Medical LLC takes pride in treating our patients with care and dignity while maintaining compliance and ethical standards. Please review, sign, and return the AOB to authorize Livefree Medical LLC to collect direct payment for the products and services provided. Please do not hesitate to contact our service team should you have any questions or need financial assistance.

Infection Control Guide for Wound Care Dressing Changes

- Wash hands with warm and soapy water or alcohol based cleaner.
- Don Sterile gloves
- Open Sterile Dressing and place on wound bed as instructed by your provider.
- Dispose of the trash.
- Sanitize any contaminated surface.
- Take off gloves and wash your hands.

Warranty

LiveFree Medical LLC honors all warranties expressed and implied under applicable State law. We notify all Medicare Beneficiaries/customers of the warranty coverage. We will not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or services under warranty. This standard applies to all purchased and rented items, including capped rental items. The owner's manual and warranty will be provided to all beneficiaries for all DME where this manual is available.

Emergency Plan

We strive to provide our patients with their supplies as quickly as possible. Due to unfortunate emergency situations, such as natural disasters or inclement weather, our service team management will make efforts to plan ahead and/or make arrangements as needed to help make sure you don't run out of the dressings you need.

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Assignment of Benefits (AOB) and Acknowledgment Form

Please sign this form and return using the included pre-paid envelope

THE FOLLOWING IS NOT A BILL, it is a form we need on file for compliance and insurance purposes.
Please call us with any question regarding this form.

I request that all payments from any insurance carrier including Medicare, Medicaid, or private insurance company be made on my behalf to LiveFree Medical LLC, for any equipment, supplies, or services provided to me by LiveFree Medical (LFM). I authorize any holder of medical information about me to release to LFM, my physician(s), caregiver, CMS, it's agents and to my primary and/or other medical insurer, as well as any information needed to determine or secure eligibility information and/or reimbursement for covered services. I authorize LiveFree Medical to contact me by phone or mail regarding my medical supplies. This authorization will remain in effect until a written notification by myself or my legal representative has been received. I agree to pay all amounts that are not covered by my insurer(s) including applicable co-payments, coinsurances and/or deductibles for which I am responsible.

I have also received or have been instructed on where to find a copy of the following:

- LiveFree Patient Welcome Packet
- Medicare Supplier Standards
- Suggestion & Complaint Procedures
- Patient Rights and Responsibilities
- Notice of Privacy Practices
- Warranty Information
- Wound Care Instructions
- Return Policy
- Garment Donning Instructions

By signing this form, I am confirming that I have read, received, and been instructed in detail on the items above.

Patient Name _____ DOB _____ Patient ID _____

Patient Signature _____ Date _____

If patient is unable to sign, authorized persons signature:

Name _____ Relationship _____

Signature _____ Address _____

Date _____ Phone _____